IN THE CLAIMS:

Claims 1-43 (Cancelled).

44. (Original) A method for inserting an intervertebral implant, comprising:

accessing a collapsed spinal disc space;

sequentially inserting and removing a number of implants into the collapsed spinal disc space, each of said implants providing a different restored disc space height when inserted in the disc space, the spinal disc space at least partially collapsing when the inserted implant is removed therefrom; and

leaving in the spinal disc space the implant from the number of implants providing a restored disc space height corresponding to a desired disc space height to post-operatively maintain the desired disc space height.

45. (Original) The method of claim 44, wherein each implant of the number of implants has a leading end portion with a nose portion having the same height for each of the number of implants.

46. (Original) The method of claim 44, wherein said height of said nose portions is about 3 to 4 millimeters.

47. (Original) A method for inserting an intervertebral implant, comprising:

accessing a collapsed spinal disc space from an uni-portal approach;

inserting a first implant through the portal into the spinal disc space to provide a restored disc space height;

determining if the restored disc space height corresponds to a desired disc space height;

if the restored disc space height does not correspond to a desired disc space height:

removing the inserted implant from the spinal disc space through the portal such that the spinal disc space is non-distracted;

selecting a second implant providing a different restored disc space height for insertion into the non-distracted spinal disc space through the portal to provide a second restored disc space height; and

if the restored disc space height corresponds to the desired disc space height, leaving the inserted implant in the spinal disc space to post-operatively maintain the desired disc space height.

Claims 48-49 (Cancelled.)

50. (New) The method of claim 45, wherein each of the number of implants includes a body with a maximum height between the leading end portion and an opposite trailing end portion, the body tapering from the maximum height to the nose portion at the leading end portion and to a trailing end wall at the trailing end portion.

51. (New) The method of claim 45, wherein the nose portions of each of the number of implants includes a rounded profile extending between an upper vertebral endplate contacting surface of the implant and an opposite lower vertebral endplate contacting surface of the implant.

52. (New) The method of claim 51, wherein each implant of the number of implants includes:

a first lateral surface extending between the upper vertebral endplate contacting surface and the lower vertebral endplate contacting surface; and

a second lateral surface opposite of and extending parallel to the first lateral surface and further extending between the upper vertebral endplate contacting surface and the lower vertebral endplate contacting surface.

53. (New) The method of claim 52, further comprising securing a coupling member in a first notch in the first lateral surface and in a second notch in the second lateral surface in one of the number of implants, wherein the first and second notches open laterally and at a trailing end wall of the one implant.

54. (New) The method of claim 53, wherein the coupling member comprises a distal portion of an insertion instrument.

55. (New) The method of claim 53, wherein when secured to the one implant a portion of the coupling member in the first and second notches includes a width that is less than a width between the first and second lateral surfaces of the one implant.

56. (New) The method of claim 53, wherein each of the first and second notches includes an indent for receiving a protrusion extending from the coupling member.

57. (New) The method of claim 52, wherein the upper and lower vertebral endplate contacting surfaces each include a plurality of ridges configured to engage an adjacent endplate of the vertebrae when the implant is positioned in a spinal disc space.

58. (New) The method of claim 52, wherein the upper and lower vertebral endplate contacting surfaces of each of the number of implants are convexly curved.

59. (New) The method of claim 45, further comprising selecting the implant to correspond in size and shape to a trial instrument body previously inserted in the non-distracted, collapsed disc space and determined to provide the desired disc space height.

60. (New) The method of claim 47, wherein each of the first and second implants includes a leading end portion with a leading end nose having the same height for each of the first and second implants.

61. (New) The method of claim 60, wherein the height of each of the nose portions is about 3 to 4 millimeters.

62. (New) The method of claim 60, wherein each of the first and second implants includes a body with a maximum height between the leading end portion and an opposite trailing end portion, the body tapering from the maximum height to the leading end portion and to the trailing end portion thereof.

63. (New) The method of claim 60, wherein the nose portions of each of the first and second implants includes a rounded surface profile extending between an upper vertebral endplate contacting surface of the implant and an opposite lower vertebral endplate contacting surface of the implant.

64. (New) The method of claim 63, wherein each of implants includes:

a first lateral surface extending between the upper vertebral endplate contacting surface and the lower vertebral endplate contacting surface; and

a second lateral surface opposite of and extending parallel to the first lateral surface and further extending between the upper vertebral endplate contacting surface and the lower vertebral endplate contacting surface.

65. (New) The method of claim 64, further comprising securing a coupling member in a first notch in the first lateral surface and in a second notch in the second lateral surface in one of the first and second implants before inserting the one of the first and second implant, wherein the first and second notches open laterally and toward a trailing end wall of the implant.

66. (New) The method of claim 65, wherein the coupling member comprises a distal portion of an insertion instrument.

67. (New) The method of claim 65, wherein a portion of the coupling member in the first and second notches includes a width that is less than a width between the first and second lateral surfaces when the coupling member is engaged to the implant.

68. (New) The method of claim 65, wherein each of the first and second notches include an indent for receiving a protrusion extending from the coupling member.

69. (New) The method of claim 63, wherein for each of the first and second implants the upper and lower vertebral endplate contacting surfaces include a plurality of ridges configured to engage an adjacent vertebral endplate when the implant is inserted in the spinal disc space.

70. (New) The method of claim 63, wherein for each of the first and second implants the upper and lower vertebral endplate contacting surfaces are convexly curved.

71. (New) A method for restoring a collapsed spinal disc space, comprising:

providing a number of implants each having a body with a leading end nose defining a leading end height sized for insertion into a collapsed disc space and convexly curved upper and lower surfaces extending from the leading end nose to a trailing end of the body, the convexly curved upper and lower surfaces defining a maximum distraction height, each of the number of implants having the same leading end height and a differing maximum distraction height;

inserting at least one of the number of implants into the collapsed spinal disc space, the spinal disc space being at least partially collapsed when the at least one implant is inserted;

removing the at least one implant from the disc space if a desired disc space height is not provided by the maximum distraction height of the inserted implant;

inserting at least one other of the number of implants into the collapsed spinal disc space when the at least one implant is removed, the spinal disc space being at least partially collapsed when the at least one implant is removed; and

leaving in the spinal disc space the at least one other implant with the maximum distraction height providing a desired disc space height to post-operatively maintain the desired disc space height.

72. (New) The method of claim 71, wherein the leading end height is about 3 to 4 millimeters.

73. (New) The method of claim 71, wherein each the bodies tapers from the maximum height to the leading end height.

74. (New) The method of claim 71, wherein the leading end nose of each of the implants includes a rounded surface profile extending between the upper and lower surfaces of the body of the implant.

75. (New) The method of claim 71, wherein the body of each implant includes:

a first lateral surface extending between the upper and lower vertebral surfaces; and

a second lateral surface opposite of and extending parallel to the first lateral surface and further extending between the upper and lower surfaces.

76. (New) The method of claim 75, further comprising securing a coupling member in a first notch in the first lateral surface and in a second notch in the second lateral surface before inserting the at least one implant, wherein the first and second notches open laterally and at the trailing end of the body of the at least one implant.

77. (New) The method of claim 76, wherein the coupling member comprises a distal portion of an insertion instrument.

78. (New) The method of claim 76, wherein a portion of the coupling member in the first and second notches includes a width that is less than a width between the first and second lateral surfaces when the coupling member is engaged to the at least one implant.

79. (New) The method of claim 76, wherein each of the first and second notches include an indent for receiving a portion of the coupling member.

80. (New) The method of claim 71, wherein the upper and lower surfaces of each of the implants include a plurality of ridges configured to engage an adjacent vertebral endplate when the implant is positioned in the spinal disc space.